

## BENTON COUNTY SITE PLAN APPLICATION

### Planning & Environmental Services Department

905 NW 8<sup>th</sup> Street

Bentonville, AR 72712

(479) 271-1003

<http://www.co.benton.ar.us/CountyPlanning/Default.aspx>

### Planning Staff

Rinkey Singh, AICP, Planning Manager

Amber Beale, Planning Coordinator

Matt Benton, Planning Assistant



Project Number

Date Stamp

### SITE PLAN REVIEW APPLICATION (Form P5)

Site Plan Review for Large Scale Development (LSD) is applicable for all non-residential, non-agricultural development including new development, redevelopment, building additions, the establishment of new enterprise in previously residential or agricultural building and/or lot, and a significant change in use.

Project Type: New Submittal ☐ Resubmittal ☐ Amended Site Plan ☐

#### INSTRUCTIONS FOR APPLICANT:

Applications must be submitted in person. Please make an appointment with a planner to discuss the proposed development and to determine if a complete application is submitted.

PLEASE NOTE: INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED.

Submit Application Fee: \$300.00

Review Site Plan Review Regulations, Planning Board Calendar including meeting schedules

Ensure Hazardous Chemical Compliance form, Service Agreement form, and Notification form is completed. Submit all relevant State and federal Permits.

**PRESUBMISSION CONSULTATION:** pre submission consultation with the County planning staff is suggested to ensure an efficient site plan review process. Please ensure that detailed site plan and submission packet is available during pre-consultation. Planning staff will sign off once pre consultation is completed.

Name of Planning staff

Date of consultation

## BENTON COUNTY SITE PLAN APPLICATION

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### 1. APPLICANT, REGISTERED OWNER AND AGENT INFORMATION

Provide in full the name of the registered owner, agent/ applicant (if different than the owner) contact details. If the registered owner is a numbered company, provide the name of the principals of the company. If there is more than one owner, copy this page, complete in full and submit with this application.

An authorized applicant and agent for the owner must attach a notarized letter of authorization from the legal property owner. Written authorization from the legal property owner is required at the time of application or the documents will not be accepted.

Note: All communication will be maintained with the Agent unless otherwise requested by the owner in writing.

#### Property Owner

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Applicant (If other than the Property Owner) - Please complete Form A, attached

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

#### Agent Authorized by the Owner to File the Application (if applicable) - Please complete Form B

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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#### OWNER CERTIFICATION

I certify under penalty of the laws of the State of Arkansas that I am the property owner of the property that is the subject matter of this application and I am authorizing to and hereby do consent to the filing of this application and acknowledge that the final approval by Benton County, if any, may result in restrictions, limitations and construction obligations being imposed on this real property.

Owner/Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

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### 2. ARCHITECT/ ENGINEER/ SURVEYOR INFORMATION (Copy this page for each professional, if applicable)

Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### 3. DESCRIPTION OF SUBJECT PROPERTY

a. Address: \_\_\_\_\_

b. Assessor's Parcel Number (s): \_\_\_\_\_

c. Site Area (acres/ square feet) \_\_\_\_\_

d. Area of Development (acres/ square feet) \_\_\_\_\_

### 4. DETAILED DESCRIPTION OF PROPOSED DEVELOPMENT (use additional pages as required)

a. Existing Land Use: \_\_\_\_\_  
\_\_\_\_\_

b. Proposed Development: \_\_\_\_\_  
\_\_\_\_\_

#### c. Gross Floor Area(square feet)

	Existing Building (s)	Proposed(new)			Total GFA (Existing + Proposed)
GFA					
If Phased Development		Phase I	Phase II	Phase III	

#### d. Parking/Loading Spaces

a. Parking, Loading Spaces					
	Existing	Proposed (New)			Total
No. of Parking Spaces					
If Phased Development		Phase I	Phase II	Phase III	
Total Loading Spaces					
If Phased Development					

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**e. Description of Screening/Buffer**

Proposed Screening	Existing	Proposed
Wood fence (length and location)		
Landscape Buffer (length and location)		
Other - Describe		

**f. Building setbacks**

	Existing Buildings	Proposed buildings
Front setback		
Side setback		

**g. Access to Subject Lands:** Check all that apply

- ☐ County Road, Name ☐ Highway, Name  
☐ Private easement, Describe

**h. Water, Sanitary Sewage and Storm Drainage:** Check all that apply

**Water-** Indicate the source of water on-site

- ☐ Public water supply ☐ Private/Semi Private well

**Sanitary-** Indicate the type of sewage disposal facility: Check all that apply

- ☐ Publicly owned and operated sanitary sewage system  
☐ Privately owned and operated individual septic system  
☐ Other

Have you received approval from Heath Department ?

- ☐ Yes ☐ No ☐ Approval awaited(Date)

**Storm Drainage-** Indicate how storm drainage will be provided on-site: Check all that apply

- ☐ Ditches ☐ Swales ☐ Retention pond  
☐ Detention pond ☐ Bio retention pond  
☐ Low Impact Development options, describe ☐ Other

**5. I confirm that the information contained in this application and accompanying documents is accurate to the best of my knowledge.**

**I hereby acknowledge that it is my responsibility to ensure that I am in compliance with all applicable laws, regulations, and permits at the State or Federal levels.**

\_\_\_\_\_  
Name and Signature

\_\_\_\_\_  
Date

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**OFFICE USE ONLY**

**6. APPLICATION CHECKLIST- To be filled by a planning staff**

	<b>Item</b>	<b>Provided (Yes/No)</b>	<b>Comment</b>
a.	Name of Planning Jurisdiction		
b.	Completed application with original signatures		
c.	Complete Authorization and Right to Enter Site Form		
d.	Fee- \$300.00		
e.	Legible Site Plans to scale- 4 copies		
f.	CD/Memory stick of all drawings and complete application form		
g.	Property deed and or offer to purchase		
h.	Other Documents		

**7. APPLICATION DETAILS**

Planner initial if Application complete for processing \_\_\_\_\_ Date: \_\_\_\_\_

Date of Planning Board Meeting (TAC) \_\_\_\_\_

Related Planning File No.: \_\_\_\_\_

Application Fee: \$ \_\_\_\_\_ Receipt No.: \_\_\_\_\_ Date: \_\_\_\_\_

Assigned File No. \_\_\_\_\_

Is the subject property located in a Floodplain? ☐ Yes ☐ No

Is the subject property located in County's MS4 area? ☐ Yes ☐ No

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BENTON COUNTY SITE PLAN APPLICATION**

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**FORM A - NOTARIZED AUTHORIZATION OF REGISTERED OWNER FOR THE APPLICANT (OTHER THAN THE OWNER) TO SUBMIT THE APPLICATION**

If the applicant is not the registered owner of the land that is subject of this application, the written authorization of the registered owner that the applicant is authorized to make the application must be included with this application form and the authorization below must be completed.

I (We), \_\_\_\_\_,  
(owner of the subject lands)

hereby authorize and instruct \_\_\_\_\_  
(applicant)

To submit an application to the Benton County Planning Department in respect to  
\_\_\_\_\_  
(address or parcel No.)

Which (I we) am (are) the registered owner(s), and this shall be my (our) good and sufficient authority to act on my (our) behalf.

\_\_\_\_\_  
(Sign) \_\_\_\_\_  
Date

Note: if the owner is a corporation affix seal (if any)

**FORM B - NOTARIZED AUTHORIZATION OF REGISTERED OWNER FOR THE AGENT (OTHER THAN THE OWNER) TO SUBMIT THE APPLICATION AND BE THE ONLY POINT OF CONTACT WITH BENTON COUNTY PLANNING DEPARTMENT**

I (We), \_\_\_\_\_,  
(owner of the subject lands)

hereby authorize and instruct \_\_\_\_\_  
(agent)

To submit an application to the Benton County Planning Department in respect to  
\_\_\_\_\_  
(address or parcel No.)

Which (I we) am (are) the registered owner(s), and this shall be my (our) good and sufficient authority to act on my (our) behalf.

Further, all communication with the Benton County Planning Department shall be maintained with the Agent only.

\_\_\_\_\_  
(Sign) \_\_\_\_\_  
Date

**FORM C - PERMISSION TO ENTER THE SUBJECT PROPERTY**

**I hereby authorize the Planning Board and/or staff of Benton County, Arkansas to enter upon the subject lands and premises for the purpose of evaluating the merits of this application and subsequently to conduct any inspections and work on the subject lands that may be required as a condition of approval. This is their authority for doing so.**

**Subject lands:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of owner**

\_\_\_\_\_  
**Date**

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FORM D – HAZARDOUS CHEMICAL INFORMATION FORM

BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT AND  
HOMELAND SECURITY

215 E. CENTRAL AVE. #7, BENTONVILLE, AR 72712

Phone 479-271-1004

FAX 479-271-1084

HAZARDOUS CHEMICAL COMPLIANCE FORM

BUSINESS NAME: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

OWNER'S NAME: \_\_\_\_\_

PHYSICAL LOCATION/ADDRESS: \_\_\_\_\_

MAILING ADDRESS FOR LETTER: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

CONSULTANT/ENGINEER: \_\_\_\_\_

A LETTER WILL BE SENT TO THE BUSINESS OWNER AND THE PLANNING OFFICE.

IF THERE ARE OTHER LOCATIONS PLEASE SPECIFY: \_\_\_\_\_

\_\_\_\_\_

WILL THERE BE CHEMICALS STORED AT THIS FACILITY? YES \_\_\_ NO \_\_\_

IF YES - LIST NAME AND QUANTITIES BELOW:

_____	_____
_____	_____
_____	_____

BY SIGNING BELOW, I ACKNOWLEDGE THAT ALL INFORMATION ABOVE IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO NOTIFY THE BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT IF THIS INFORMATION CHANGES.

_____	_____
OWNER SIGNATURE	DATE

BENTON COUNTY DEPARTMENT OF EMERGENCY MANAGEMENT ONLY

LETTER COMPLETED BY _____	_____
DEM OFFICE	DATE

LOCATED ON Y DRIVE - TEMPLATES



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**FORM E – VARIANCE/WAIVER REQUEST**

Dear Benton County Planning Board Members:

I am requesting a variance/waiver (please circle one) from the \_\_\_\_\_  
regulations. I am requesting a \_\_\_\_\_ from the regulations because:

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\_\_\_\_\_/\_\_\_\_\_/2013  
Signature Date

**PLEASE PRINT YOUR NAME:** \_\_\_\_\_

\_\_\_\_\_  
Development Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City & Zip

\_\_\_\_\_  
Telephone #

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**FORM F- Letter of Service Confirmation**

Project Name: \_\_\_\_\_

Property Owner: \_\_\_\_\_

Map/Parcel: \_\_\_\_\_

Project Address: \_\_\_\_\_

The Benton County Planning Department has received an application to review a:

☐ Site Plan Review    ☐ Subdivision    ☐ Other \_\_\_\_\_

for the above mentioned property. In order to process this request, service coverage must be provided to the property. Please indicate if the above property is or will be receiving services from your utility or department. If so please include any relevant details in regard to the coverage provided. Should there be any conditions associated with the coverage to be extended to the above mentioned property please included those conditions in the appropriate area below.

Department/Utility: \_\_\_\_\_

Type of Coverage: \_\_\_\_\_

Please note your comments or concerns below. If additional conditions or stipulations of coverage extension are required please include those stipulations below. Attach additional pages if necessary. If you have no comments, please indicate by checking the "no comment" box below:

Conditions/Stipulations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your assistance,  
Submit to: Planning Coordinator  
Benton County Planning Dept.  
905 NW 8th Street  
Bentonville, AR 72712  
Office: 479-271-1003  
Fax: 479-464-6170

**FORM G –COMMERCIAL/INDUSTRIAL LARGE SCALE DEVELOPMENT**

**NOTIFICATION FORM**

This letter is in compliance with Benton County Regulations regarding commercial development, which states: “The developer shall show proof that he/she has sent a certified letter to all adjoining property owners of the exterior boundary of the proposed development at least fourteen (14) days prior to the scheduled meeting of the Planning Board, at which the development is to be reviewed, and the date, time, and place of the proposed development review.”

NEW \_\_\_\_\_ ALTERATION \_\_\_\_\_ EXPANSION \_\_\_\_\_

PROPOSED DEVELOPMENT:

SITE LOCATION:

DEVELOPERS CONTACT INFORMATION:

MEETING DATE:

MEETING TIME: 6:00p.m.

MEETING LOCATION: Quorum Courtroom, 3rd floor

County Administration Building

215 E. Central Ave. Suite #324

Bentonville, AR

Public comment concerning a specific proposed development can be made at regularly scheduled Planning Board meetings. For further information contact the Benton County Planning Office at (479) 271-1003.